

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90090 044 \*\*\*150.00

**DOCUMENT # P99000052635**

1. Entity Name  
**HOMETOWN INSURANCE TEAM, INC.**

Principal Place of Business 1134 WESTON RD. FT. LAUDERDALE FL 33326	Mailing Address 1134 WESTON RD. FT. LAUDERDALE FL 33326-1915
---	--

2. Principal Place of Business <b>4655 NINTH STREET N.</b> Suite, Apt. #, etc.	3. Mailing Address <b>4655 NINTH ST N</b> Suite, Apt. #, etc.
--	---

City & State <b>NAPLES FL</b>	City & State <b>NAPLES FL</b>	4. FEI Number <b>65-0929327</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34103</b>	Country	Zip <b>34103</b>	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MCGONIGLE, JAMES T**  
**6221 BANYAN TERR.**  
**PLANTATION FL 33317**

7. Name and Address of New Registered Agent  
 Name **BYRON K. KEYSER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2471 POINCIANA ST**  
 City **NAPLES FL** Zip Code **34105**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE X [Signature] DATE 2/23/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>SABO, PETER</b> <b>2715 PADDOCK RD.</b> <b>FT. LAUDERDALE FL 33331</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>KEYSER, BYRON K</b> <b>824 SW 118TH TERR.</b> <b>DAVIE FL 33325</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>KEYSER, BYRON K.</b> <b>2471 POINCIANA ST</b> <b>NAPLES FL 34105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 2/23/00 TELEPHONE # (941) 659-1370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR